

Illinois Department on Aging
**Illinois Long-Term Care Ombudsman Program
Supplemental Training Curriculum**

**Supplemental Module #15
Residents in Intermediate Care Facilities for the
Developmentally Disabled (ICFDD):
Best Practices for Visiting Residents and
Assuring Their Rights**

TEACHING TIPS

Pre-publication Edition I

Funded by the Retirement Research Foundation

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Supplemental Module #15

Residents in Intermediate Care Facilities for the Developmentally Disabled (ICFDD): Best Practices for Visiting Residents and Assuring Their Rights

TEACHING TIPS

The supplemental modules for ombudsmen have been developed to accommodate different learning styles and are based on research about how most people learn. The premise on which this module is based is the idea that new information is learned best when there is an opportunity for discussion and to ask questions. This module incorporates individual reading, group discussion, questions on what is not clear to trainees and an evaluation of what trainees have learned.

This module is designed to adapt to various teaching methods and settings: training/ in-service for ombudsmen or presentations to the public. This module is intended to be presented at one training session for approximately 3-4 hours, although it can be divided and used for more than one session of 1 or 2 hours.

You will need:

- A copy of ***Residents' Rights for People in Intermediate Care Facilities for the Developmentally Disabled*** for each trainee
- Copies of the accountability exercises and handouts for each trainee

Accountability

After the reading of the module and group discussion, trainees will be asked to:

1. Work as a group to identify at least three kinds of behaviors that persons who are developmentally disabled might display and list the strategy (ies) the ombudsman would use to improve communication with them, depending on the type of disability.

2. Individually
 - (a) Write a paragraph or two (or as long as they would like) to the supervisor, saying why they would or would not like to visit residents in an intermediate facility for residents with developmental disabilities,
 - (b) Include whether or not they feel that they are trained sufficiently to protect ICFDD residents, either through this training or their own personal experiences with this population, and
 - (c) Include what additional training is needed for you to visit residents who are developmentally disabled.

Resources

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Fundamental W Tags	p.13
Resident Advisory Council regulations	p.14

ACCOUNTABILITY EXERCISE #1

Identify at least three kinds of behaviors that persons who are developmentally disabled might display and list the strategy (ies) the ombudsman would use to improve communication with them, depending on the type of disability.

1)

2)

3)

ACCOUNTABILITY EXERCISE #2

- A. Write a paragraph or two (or as long as you would like) to your supervisor, saying why you would or would not like to visit residents in an intermediate facility for the developmentally disabled.**

- B. Include whether or not you feel that you are trained sufficiently to protect these people, either through this training or your own personal experiences with this population.**

- C. If this module's training and that provided by your supervisor needs to be improved, please include what training is needed to visit developmentally disabled residents.**

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OUTLINE OF REVISED ICF/MR (ICFDD) SURVEY PROTOCOL

Two new types of guidance for surveyors have been added to appendix J/Transmittal 277, Interpretive guidelines for ICFs/MR:

1. **Facility Practice Statements** which clarify specific requirements and increase the survey focus on outcomes for beneficiaries, and
2. **Compliance Principles** for conditions of participation (COP) which identify the outcomes that must be present for the condition to be met as well as those outcomes that would indicate that the condition is not met.

These two types of new guidance will help surveyors:

- Make more consistent decisions in the field, and
- Focus more on positive outcomes for individuals.

The fundamental survey

- An Abbreviated Survey
 - Entails Eight Survey Tasks
 - Focuses on 55 Specific Outcome-oriented Tags
 - Requires Compliance with Four Fundamental Conditions of Participation (COP):
 - Client Protections
 - Active Treatment Services
 - Client Behavior and Facility Practices
 - Health Care Services
 - Decision-making is Based on the Compliance Principles
- * Note: Every facility must still undergo a Life Safety Code (LSC) survey as part of each initial or re-certification package.

Three stages of surveys

- Fundamental
- Extended
- Full

The **fundamental survey** is:

- The starting point for most annual recertification surveys; and
- Designed for use in all facilities, regardless of size or the characteristics of the population served.

The purpose of the **extended survey**: An extended survey gathers additional information so that a condition level compliance decision can be made and supported.

Procedure for the extended survey

- Conduct additional observations and interviews,

Focusing on staff,
Which will provide information about the rest of the requirements within each condition(s) for which compliance is in doubt.

- If needed, also conduct additional record verifications to support the findings.

When to move to the extended survey

- Move to the extended survey when the survey team has found standard level deficiencies
AND
- Has determined or suspects that one or more of the four conditions reviewed on the fundamental survey may be out of compliance

The full survey

- The full survey directly examines each of the requirements on all eight conditions of participation (COPs)
- When a full survey is scheduled:
Follow the same eight tasks in the same order as for the fundamental survey, including sampling, observations, interviews, etc.

When to conduct a full survey

- Most full surveys are scheduled by the state agency.
- Full surveys are:
 - required for all initial surveys;
 - permitted at the state agency's discretion, based on:
 - * Prior year, COP
 - * Complaints
 - * IOC Findings
 - * State licensure deficiencies (relevant to federal requirements only), or
 - * An automatic cancellation clause.

The survey team could move from an extended survey to a full survey under the following circumstances:

- With the permission of the state agency,
AND
- One or more of the fundamental COPs was found not met,
AND
- The team has evidence of serious problems in the non-fundamental COPs

Task 1: Sample Selection

Purpose: To reflect a proportionate representation of individuals by the four functional levels as defined by the AAMD, *Classification in Mental Retardation*.

- Mild
- Moderate
- Severe

- Profound

Sample Selection for ICFs/MR

<u># in Facility</u>	<u># in Sample</u>	<u># of Interviews</u>
4 – 8	50 percent	50 percent of sample
9 – 16	4	4
17 –50	8	5
51 –100	10	7
101 – 500	10 percent	50% of Sample (max: 15)
Over 500	50	15

Task 2: Review of facility systems to prevent abuse, neglect, and mistreatment, and to resolve complaints

Purpose: To ensure that a reproducible and responsive mechanism is in place. The system should be prompt and reliable.

No specific system is required of a facility, but it must have a methodology and procedures for promptly reporting and investigating potential abuse by staff, family, or others.

Task 3: Individual observations

Purpose: To determine if the necessary relationships exist between the individual's needs and preferences – and what staff know and do with the person in formal and informal settings – throughout the day and evening.

After any observation, the surveyor should be able to determine whether:

- Competent interaction occurs between staff and the individual(s);
- Individuals are given the opportunity to exercise choice and to function with as much self-determination and independence as possible; and
- Staff provide the needed supports and interventions to increase skills and to prevent loss of functioning.

The following interview hierarchy is recommended:

- Individual
- Family member(s), Legal Guardians, Advocates
- Direct Support Staff

- QMRP and/or Professional Staff
- Managers, Administrators, or Department Heads.

Task 5: Drug Pass Observation

Purpose: To observe the preparation and administration of medications to individuals to detect errors in drug administration.

Task 6: Visit each area of the facility serving certified individuals

Purposes:

- To insure that all areas of the facility are providing services in the manner required by regulations;
- To assess the physical safety of the whole environment; and
- To ascertain that individual rights are proactively asserted and protected.

Task 7: Record reviews for individuals in sample

Purposes:

- To verify the applicable information obtained from observations and interviews;
- To monitor that needed revisions to objectives have been made and documented in the record (under the four circumstances described), and
- To verify that needed health and safety supports are in place.

Task 8: Team assessment of compliance and formation of the report of ICF/MR deficiencies

Purposes:

- To discuss the findings and make consensus conclusions (as a team) about the deficiencies;
- To review the requirements of each task to determine that each has been completed; and
- To determine if additional reviews or information are required.

ICF/MR (ICFDD) ASSESSMENT OF COMPLIANCE WORKSHEET FUNDAMENTAL SURVEY

(Circle W-Tags Not In Compliance)

W122 COP – CLIENT PROTECTIONS

- W124 Inform – medical condition – risks & right to refuse
- W125 Allow clients to exercise rights
- W126 Allow clients to manage financial affairs
- W127 Ensure clients are not subject to abuse
- W128 Ensure clients are free from unnecessary drugs & restraints
- W129 Provide clients opportunity for personal space
- W130 Ensure privacy during treatments/care of personal needs
- W133 Ensure the opportunity to meet individuals of their choice
- W136 Ensure the opportunity to participate in social, religious activity
- W137 Ensure the right to retain & use personal possessions
- W143 Promote participation of parents/guardian in providing active treatment
- W144 Answer communications from client's family
- W145 Promote visits by individual with relationship to client
- W146 Promote visits by parents or guardians
- W147 Promote frequent & informal leaves from facility
- W148 Notify promptly guardian of any significant incident
- W153 Ensure all allegations of abuse are reported
- W154 Must have evidence all alleged violations are investigated
- W155 Must prevent further potential abuse
- W156 Results of all investigations must be reported to..
- W157 If alleged violation verified/corrective action taken

W 195 COP – ACTIVE TREATMENT SERVICES

- W196 Active Treatment
- W197 Active treatment does not include services to maintain independent clients
- W209 Participation by the client or guardian
- W227 IPP states specific objectives to meet client's needs
- W240 IPP must describe relevant interventions
- W242 IPP must include training in personal skills
- W247 Opportunity for client choice & self-management
- W249 Program Implementation
- W255 Monitor & Change – successfully completed objective
- W256 Monitor & Change – losing skills
- W257 Monitor & Change – failing to progress
- W262 Human Rights Committee review & approve program
- W263 Human Rights Committee ensures written consents for program involving clients rights

INCLUDE

- W120 Outside services meet the needs of each client
- W186 Provide sufficient direct care staff
- W436 Furnish, maintain in good order – dentures, eye glasses, braces
- W448 Investigate all problems with evacuation drills
- W449 Take correction action

W266 COP – CLIENT BEHAVIOR & FACILITY PRACTICES

- W285 Interventions must be employed with sufficient safeguards
- W286 Techniques to manage behavior must never be used for disciplinary purposes
- W287 Techniques to manage behavior must never be used for convenience of staff
- W288 Techniques to manage behavior must never be used for a substitute for Active Treatment
- W291 Time Out Room
- W293 Clients in time out must be protected from hazards
- W301 Client in restraint must be checked at least every 30 minutes
- W302 Client in restraint must be released as quickly as possible
- W313 Drugs used to control behavior – risk versus benefit
- W314 Drugs used to control behavior must be monitored closely

W318 COP – HEALTH CARE SERVICES

- W322 Facility must provide or obtain preventive & general care
- W331 Clients must receive nursing service in accordance with their needs
- W338 Review of health status must result on any necessary action
- W356 Dental care needed for relief of pain
- W369 All drugs administered without error
- W371 Clients self-administer drugs if IDT approves

FACILITY _____

DATE OF SURVEY _____

Section 350.650 Residents' Advisory Council

- a) EACH FACILITY SHALL ESTABLISH A RESIDENT'S ADVISORY COUNCIL CONSISTING OF AT LEAST FIVE RESIDENT MEMBERS. If there are not five residents capable of functioning on the residents' advisory Council, as determined by the Interdisciplinary Team, residents' representatives shall take the place of the required number of residents. THE ADMINISTRATOR SHALL DESIGNATE ANOTHER MEMBER OF THE FACILITY STAFF (other than the administrator) TO COORDINATE THE ESTABLISHMENT OF, AND RENDER ASSISTANCE TO, THE COUNCIL. (Section 2-203 of the Act)
- b) Each facility shall develop and implement a plan for assuring a liaison with concerned individuals and groups in the local community. Ways in which this requirement can be met include, but are not limited to, the following:
 - 1) the inclusion of community members such as volunteers, family members, residents' friends, residents' advocates, or community representatives on the resident advisory council;
 - 2) the establishment of a separate community advisory group with persons of the residents' choosing;
 - 3) finding a church or civic group to "adopt" the facility; or,
 - 4) the establishment of a family council made up of families and friends of residents who live in the community.
- c) The resident members shall be elected to the council by vote of their fellow residents and the non-resident members shall be elected to the council by vote of the resident members of the council.
- d) In facilities of 50 beds or less, the residents' advisory council may consist of all of the residents of the facility, if the residents choose to operate this way.
- e) All resident advisory councils shall elect at least a Chairperson or President and a Vice Chairperson or Vice President from among the members of the council. These persons shall preside at the meetings of the council, assisted by the facility staff person designated by the administrator to provide such assistance.
- f) Some facilities may wish to establish mini-resident advisory councils for various smaller units within the facility. If this is done, each such unit shall be represented on an overall facility residents' advisory council with the composition described in subsection (a) of this Section.
- g) All residents' advisory council meetings shall be open to participation by all residents and by their representatives.
- h) NO EMPLOYEES OR AFFILIATE OF ANY FACILITY SHALL BE A MEMBER OF ANY COUNCIL . Such persons may attend to discuss interests or functions of the non-members when invited by a majority of the officers of the residents' advisory council. (Section 2-203(a) of the Act)
- i) THE COUNCIL SHALL MEET AT LEAST ONCE EACH MONTH WITH THE STAFF COORDINATOR WHO SHALL PROVIDE ASSISTANCE TO THE COUNCIL IN

PREPARING AND DISSEMINATING A REPORT OF EACH MEETING TO ALL RESIDENTS, THE ADMINISTRATOR, AND THE STAFF. (Section 2-203(b) of the Act)

- j) RECORDS OF THE COUNCIL MEETINGS SHALL BE MAINTAINED IN THE OFFICE OF THE ADMINISTRATOR. (Section 2-203(c) of the Act)
- k) THE RESIDENTS' ADVISORY COUNCIL MAY COMMUNICATE TO THE ADMINISTRATOR THE OPINIONS AND CONCERNS OF THE RESIDENTS. THE COUNCIL SHALL REVIEW PROCEDURES FOR IMPLEMENTING RESIDENT RIGHTS AND FACILITY RESPONSIBILITIES AND MAKE RECOMMENDATIONS FOR CHANGES OR ADDITIONS WHICH WILL STRENGTHEN THE FACILITY'S POLICIES AND PROCEDURES AS THEY EFFECT RESIDENT'S RIGHTS AND FACILITY RESPONSIBILITIES. (Section 2-203(d) of the Act)
- l) THE COUNCILS SHALL BE A FORUM FOR:
 - 1) OBTAINING AND DISSEMINATING INFORMATION;
 - 2) SOLICITING AND ADOPTING RECOMMENDATIONS FOR FACILITY PROGRAMMING AND IMPROVEMENTS;
 - 3) EARLY IDENTIFICATION OF PROBLEMS.
 - 4) RECOMMENDING ORDERLY RESOLUTION OF PROBLEMS. (Section 2-203(e) of the Act)
- m) THE COUNCIL MAY PRESENT COMPLAINTS ON BEHALF OF A RESIDENT TO THE DEPARTMENT, OR TO ANY OTHER PERSON IT CONSIDERS APPROPRIATE. (Section 2-203(f) of the Act)

(Source: Amended at 13 I11. Reg. 6040, effective April 17, 1989)